

J.H.

(FOR INTERNAL USE ONLY)

State of Florida summary checklist for initial Title V permit applications for 'existing' Title V Sources

Facility Owner/Operator Name: Lakeland Market
Facility ID No.: 1050352 Site Name: Winston Parkway Station
County: Polk
application receipt date 04/01/02

I. Preliminary scanning of application submitted.

- a. Was application submitted to correct permitting authority? Y N
- b. Was an application filed? Y* N
- c. Was the application filed timely? Y* N

- d. Application format filed [check one].
Hard copy of official version of form? ELSA?
A facsimile of official version of form? Some combination?

- e. 4 copies (paper/electronic) submitted? Y N

- ~~f. Electronic diskettes protected/virus scanned/marked? Y N N/A~~
by _____ date ___/___/___

- g. Entire hard copy of Section I. provided (Pages 1-8 of form)? Y N
Facility identified (Page 1)? [if not complete a Page 1] Y* [Attached
R.O. certification signed and dated (Page 2)? Y* N
P.E. certification signed and dated (Page 7)? Y* N

- h. Any confidential information submitted? Y N
If yes, R.O. provided hard copy to us and EPA? Y* N
If yes, hard copy locked up and note filed with application? Y* N

- i. Type of application filed.
TV application for 'existing' Title V Source only? Y N
~~Any units subject to acid rain? Y N~~

Note(s): [*] = mandatory.

Comment(s): CAM plan submitted give copy of appln to Jonathan

Reviewer's initials JH date 04/02/02 Concurrence initials _____ date ___/___/___

State of Florida summary checklist for initial Title V permit applications for 'existing' Title V Sources (cont'd)

II. Application logging.

ARMS Permit Number assigned 1050352 - _____ - _____
logged into ARMS by initials _____ date / /

III. Initial distribution of application.

a. Disposition of 4 paper/electronic copies submitted:

~~1~~ Clean originals to file? Y ___ N ___

1- SW District Y N ___

~~1~~ _____ County [affected local program]? Y ___ N ___

1- Permit engineer(s) _____, _____

~~b.~~ Disposition of electronic files submitted:

copy placed onto PC? Y ___ N ___

~~c.~~ Disposition of ELSA submitted:

version used [circle]: 1.0 1.1 1.2.1 1.3 1.3a 1.3b

Uploaded to EARS? Y ___ N ___

by _____ date / /

~~d.~~ Electronic information submitted previewed? Y ___ N ___ N/A ___

Comment(s): _____

{this checklist was developed from Rule 62-213.420(1)(b)2., F.A.C. and DARM policy}